

REQUIREMENTS FOR REPORTING COMPLAINTS & GREIVANCES RECEIVED BY THE OPERATING AGENCY AND/OR THE ALABAMA MEDICAID AGENCY

INTAKE

ALABAMA MEDICAID AGENCY (AMA)

OR

ALABAMA DEPARTMENT OF PUBLIC HEALTH (ADPH) OR ALABAMA DEPARTMENT OF SENIOR SERVICES (ADSS)

IF RECEIVED BY THE ALABAMA MEDICAID AGENCY, A TRACKING LOG WILL BE USED TO DOCUMENT THE INCIDENT AND RESOLUTION OF THE INCIDENT. A COPY OF THE INCIDENT WILL BE FORWARDED TO THE ALABAMA DEPARTMENT OF PUBLIC HEALTH OR ALABAMA DEPARTMENT OF SENIOR SERVICES WITHIN TWO (2) WORKING DAYS.

IF RECEIVED BY THE ALABAMA DEPARTMENT OF PUBLIC HEALTH OR ALABAMA DEPARTMENT OF SENIOR SERVICES, A TRACKING LOG WILL BE USED TO DOCUMENT THE INCIDENT AND RESOLUTION OF THE INCIDENT. THE ALABAMA MEDICAID AGENCY, LTC QUALITY ASSURANCE DIVISION WILL BE NOTIFIED WITHIN TWO (2) WORKING DAYS. COMPLAINTS OR GRIEVANCES ABOUT THE FINANCIAL ELIGIBILITY PROCESS WILL BE FORWARDED TO THE AMA ELDERLY AND DISABLED CERTIFICATION DIVISION WITHIN TWO (2) WORKING DAYS.

THE ALABAMA DEPARTMENT OF PUBLIC HEALTH OR ALABAMA DEPARTMENT OF SENIOR SERVICES WILL INVESTIGATE ALL COMPLAINTS UPON RECEIPT OF NOTIFICATION OF THE COMPLAINT. APPROPRIATE PARTIES MUST INITIATE ACTION WITHIN 24 HOURS IF IT APPEARS THAT A RECIPIENT'S HEALTH AND SAFETY IS AT RISK. IF NECESSARY, THE COMPLAINANT WILL BE INTERVIEWED.

A PLAN OF CORRECTION WILL BE SENT TO THE ALABAMA MEDICAID AGENCY FOR ALL COMPLAINTS RECEIVED. THE ALABAMA MEDICAID AGENCY WILL APPROVE THE PLAN OF CORRECTION IF ACCEPTABLE.

IF THE PLAN OF CORRECTION DOES NOT RESPOND TO THE COMPLAINT, THE PLAN OF CORRECTION WILL BE RETURNED TO THE ALABAMA DEPARTMENT OF PUBLIC HEALTH OR ALABAMA DEPARTMENT OF SENIOR SERVICES. A REVISED PLAN OF CORRECTION WILL BE SUBMITTED TO THE ALABAMA MEDICAID AGENCY FOR APPROVAL WITHIN TWO (2) WORKING DAYS UPON RETURN RECEIPT FROM THE ALABAMA MEDICAID AGENCY.

THE ALABAMA DEPARTMENT OF PUBLIC HEALTH OR ALABAMA DEPARTMENT OF SENIOR SERVICES WILL REVIEW ALL COMPLAINTS AND GRIEVANCES TO DETERMINE A PATTERN OF PROBLEMS IN ORDER TO ASSURE THAT NO HEALTH AND SAFETY RISK EXIST.

FINAL DETERMINATIONS INCLUDING ANY ADVERSE FINDINGS WILL BE REPORTED TO THE ALABAMA MEDICAID AGENCY, LONG TERM CARE DIVISION, PROGRAM MANAGEMENT UNIT.

THE ALABAMA MEDICAID AGENCY WILL CONTACT THE RECIPIENT VIA TELEPHONE TO ENSURE FULL RESOLUTION TO THE INCIDENT HAS BEEN COMPLETED SATISFACTORILY.

ELDERLY AND DISABLED WAIVER
ALABAMA MEDICAID AGENCY

THE COMPLAINT AND GRIEVANCE LOGS WILL BE FORWARDED TO THE ALABAMA MEDICAID AGENCY, LONG TERM CARE QUALITY ASSURANCE UNIT QUARTERLY FOR REVIEW, TRACKING, AND ASSURANCE THAT RESOLUTIONS HAVE BEEN COMPLETED.